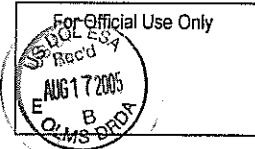


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>11639</u>	2. Fiscal Year Covered From: <u>11</u> / <u>11</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>DONALD S FOLKES</u> P.O. Box, Bldg., Room No., if any _____ Street <u>55 Derby Road</u> City <u>Melrose</u> State <u>MA</u> ZIP Code + 4 <u>02176</u>	4. Name, file number, and address of labor organization. Name <u>ASBESTOS WORKERS Local # 6</u> Labor Organization File Number <u>003262</u> P.O. Box, Building and Room Number, if any _____ Street <u>303 Freeport St</u> City <u>Boston</u> State <u>MA</u> ZIP Code + 4 <u>02122-3513</u>
5. Position in labor organization. <u>UNION TRUSTEE, ANNUITY FUND TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8-15-05

Date

701 665 8368

Telephone Number

Name of Person Filing

DONALD S POLLEY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name VBS Prime Asset ConsultingTrade Name, if any: P.O. Box, Bldg., Room No., if any Street ONE STATE STREET Suite 1600City HARTFORDState CT ZIP Code + 4 06100

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Robinson Workers Local 6 Union FundTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 BroadwayCity New YorkState New York ZIP Code + 4 10003-9811

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner 12-13-2001
Sponsored by
Sageat Co.
VBS Prime Asset Consulting
Macro Consulting

12.b. Amount. \$33.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

DONALD S FOLKERT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name SEGA CompanyTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 116 HUNTINGTON AVENUECity BOSTONState MA ZIP Code + 4 02116-5744

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name ASBESTOS WORKERS LOC 6 ANNUITY FUNDTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 730 BroadwayCity NEW YORKState NEW YORK ZIP Code + 4 10003-9511

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner 12-13-2004
Sponsored by
SEGA CO.
UBS Primecassat consulting
MARCUS consulting

12.b. Amount. \$ 50.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?14.b. Amount of payment.

Name of Person Filing

DONALD S FOLLOTT

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

MARCO CONSULTING

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

1220 ADAMS ST

City

DORCHESTER

State

MA

ZIP Code + 4

02124

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

ADDRESS TRUSTEES TRUST & ANNUITY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

730 Broadway

City

NEW YORK

State

New York

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Christmas Dinner sponsored by
Segal Co.
UBS Prime asset consulting
Marco Consulting

12.b. Amount.

\$1667

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

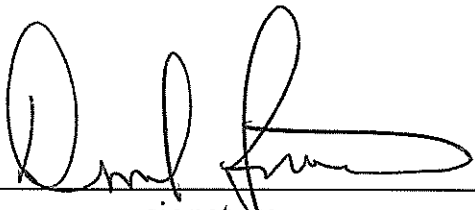
13.b. Is the Business an Employer


or Consultant

?

14.b. Amount of payment.

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.


signature


date